

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 89509


August-24-12 9:44:20 AM

89509

Page 2

Item ID: D4640-11 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector
 Start Date: 8/24/12 Start Qty: 10.00 ***10*** Cust Item ID:
 Required Date: 11/05/12 Req'd Qty: 10.00 ***10*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check Memo <i>Use template to mark locations</i>	0.00 0.00							(10) 12-12-31 
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: <u>PKG</u> Memo	0.00 0.00							10 SL 13/01/03
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							13/1/10 <i>AJ</i> 13-01-4

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Picklist Print

August-24-12 9:44:20 AM

Page 1

Work Order ID: 89509

Parent Item: D4640-11

Parent Item Name: Floor Protector

Start Date: 8/24/12

Required Date: 11/05/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.05.08 NEW ISSUE DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-07 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	1,452.6700	10.79	113.57895 114			Jmr 12-23

Location

Loc Qty

Loc Code

therm

1452.67

112176

40.44

114459

1412.23

123105

123105

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Material											
Setup											
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FAULT CATEGORY				
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DART AEROSPACE LTD		Work Order: 89509
Description: Floor Protector		Part Number: D4640-11
Inspection Dwg: D4640	Rev: 1	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
3.50	+/-0.030	3.50"	-		V	Jkmo1
25.42	+/-0.030	25.42"	-		T	Jkmo6
27.86	+/-0.030	27.86"	-		T	
31.36	+/-0.030	31.36"	-		T	
49.96	+/-0.030	49.96"	-		T	
53.46	+/-0.030	53.46"	-		T	
55.90	+/-0.030	55.90"	-		T	
62.11	+/-0.030	62.11"	-		T	
63.61	+/-0.030	63.61"	-		T	
73.08	+/-0.030	73.08"	-		T	
76.55	+/-0.010	76.55"	-		T	
78.05	+/-0.030	78.05"	-		T	
80.80	+/-0.030	80.80"	-		T	
0.88	+/-0.030	0.88"	-		V	
4.21	+/-0.030	4.21"	-		V	
5.02	+/-0.030	5.02"	-		V	
8.59	+/-0.030	8.59"	-		V	Pneuma
10.65	+/-0.030	10.65"	-		V	
14.22	+/-0.030	14.22"	-		T	
15.03	+/-0.030	15.03"	-		T	
17.62	+/-0.030	17.62"	-		T	
0.37	+/-0.030	0.37"	-		V	
1.84	+/-0.030	1.84"	-		V	
3.67	+/-0.030	3.67"	-		V	
3.76	+/-0.030	3.76"	-		V	
4.59	+/-0.030	4.59"	-		V	
8.59	+/-0.030	8.59"	-		V	
10.65	+/-0.030	10.65"	-		V	
14.64	+/-0.030	14.46"	-		T	
15.48	+/-0.030	15.48"	-		T	
15.57	+/-0.030	15.57"	-		T	
17.40	+/-0.030	17.40"	-		T	
18.87	+/-0.030	18.87"	-		T	
19.24	+/-0.030	19.24"	-		T	
0.093	+/-0.010	0.094"	-		V	

Measured by: Jm	Audited by: 09 9-89	Preliminary Approval:
Date: 12-12-23	Date: 12-12-31	Date:
Rev	Date	Change
A	12.09.26	New Issue
Revised by: KJ		Approved:

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

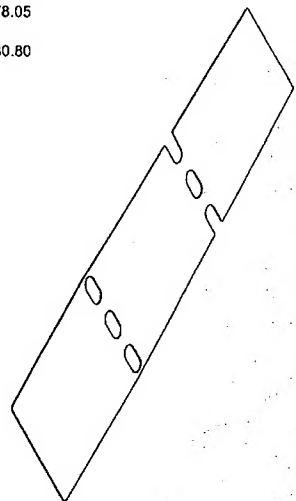
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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



—PERMANENT
INK MARKER

89509

RELEASED
2012-11-29
JMF

3. TOLERANCES: PER PART QSL 01.8 UNLESS OTHERWISE NOTED
4. UNITS: INCHES UNLESS OTHERWISE NOTED
5. BREAK SHARP EDGES: 0.005 TO 0.070 MAX
6. IDENTIFICATION: IDENTIFY PER CAST 044 61 ON SMOOTH SIDE
7. WEIGHT: 3.66 lbs (TRIMMED WEIGHT = 3.35 lbs)
8. CHECKER PER TEMPLATE DT 8929
9. IF CUSTOMER REQUESTS "TRIMMED KIT" ON PURCHASE ORDER:
 - DRAW 0.50" CROSS ON TEXTURED SIDE AT INDICATED LOCATIONS USING PERMANENT INK MARKER
 - TRIM AND REMOVE SHADED AREA

DESIGN	<i>DR</i>	DART AEROSPACE LTD	
DRAWN		HAMMERSBURG, ONTARIO, CANADA	
CHECKED	<i>DR</i>	DRAWING NO.	REV. C
MFG. APPR.	<i>DR</i>	D4640	SHEET 6 OF 6
APPROVED	<i>DR</i>	TITLE	SCALE
DE APPR.	<i>DR</i>	BAGGAGE PROTECTOR	NTS
DATE	12.11.22	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS THE PROPERTY OF DART AEROSPACE LTD IT IS NOT TO BE LOANED, REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD THIS DRAWING IS THE PROPERTY OF DART AEROSPACE LTD IT IS NOT TO BE LOANED, REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD	

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